

# SHAHEED BHAGAT SINGH COLLEGE

(UNIVERSITY OF DELHI)

SHEIKH SARAI (TRIVENI), PHASE – II, NEW DELHI – 110 017

Form of application for claiming reimbursement of medical expenses incurred in connection with medical attendance/Hospitalisation/OPD treatment of college employees and their dependants.

## N.B. : SEPARATE FORM SHOULD BE USED FOR EACH PATIENT

1. Name and Designation of the employee

(IN BLOCK LETTERS)

(i) Whether married or unmarried

(ii) If married, the place where wife /

husband of the employee is employed (where applicable)

2. Where employed :

Shaheed Bhagat Singh College, Triveni , New Delhi

3. Pay of the College employee

(Without the inclusion of  
Grade Pay)

4. Place of duty:

Triveni, Sheikh Sarai, Phase – II, New Delhi – 110017

5. Actual residential address

6. Name of the patient and his/her  
relationship to the College Employee:

**(In the case of children state age also)**

7. Place at which the patient fell ill

8. DETAILS OF AMOUNT CLAIMED:

9. MEDICAL ATTENDANT:

(i) Fees for consultation, including:

(a) the name, qualification and designation of the medical officer consulted and the hospital or dispensary to which attached.

(b) the number and dates of consultations and the fee paid for each consultation:

(c) the number and dates of injections and the fee paid for each injection:

(d) Whether consultations and / or injections were had at the hospital, at the consulting room of the medical officer or at the residence of the patient.

(ii) Charges for pathological, bacteriological, radiological or ; other similar tests undertaken during diagnosis indicating :

(a) the name of the hospital or laboratory where undertaken, and

(b) Whether the tests were undertaken on the advice of the authorised medical attendant. If so a certificate to that effect should be attached.

(iii) Cost of the medicines purchased from market. (list of medicines, cash memos and the essential certificate should be attached)

10. **CONSULTATION WITH SPECIALIST**

Fee paid to a specialist or a Medical Officer other than the authorised medical attendant indicating:

- (a) The names and designation of the specialist or medical officer consulted and the hospital to which attached.
- (b) Number and dates of consultation and the fee charged for each consultation.
- (c) Whether consultation was had at the hospital or at the consulting room of the specialist or medical officer or at the residence of the patient.
- (d) Whether the specialist or medical officer was consulted on the advice of the authorised medical attendant and the prior approval of the Chief Administrative Medical Officer or the state was obtained.

If so, a certified to that effect should be attached.

11. Total amount claimed :

12. List of enclosures :

(a) Prescription :

(b) Receipt :

(c) Certified A/B :

**Declaration to be signed by the College employee.**

I hereby declare that the information and facts given in this application are true to the best of my knowledge and belief and that person for whom medical expenses were incurred is wholly dependent upon me. and his/her income is less than Rs. 9000+D.R

I have understand the rules regarding reimbursement of medical expenditure.

(PRE-RECEIPTED)

Dated: .....

(with signature of the college employee)

**CERTIFIED THAT :**

- 1. Amount does not exceed to Rs. 500/- during this financial year.
- 2. 5% empties of the used medicines as wrappers, vials bottles are enclosed for verification and destruction
- 3. All the empties, as wrappers, vials bottles are enclosed for verification and destruction, as the amount has exceeded Rs.1000/- during the financial year
- 4. Entry of this Medical Bill is made at Page No.....  
Sr. No..... of Medical Bill Register.

**Signature of the Controlling Authority**

**With Office Seal.**

**(TO BE FILLED IN BY THE ACCOUNTS BRANCH)**

**Passed for ₹.....(Rupees.....)**